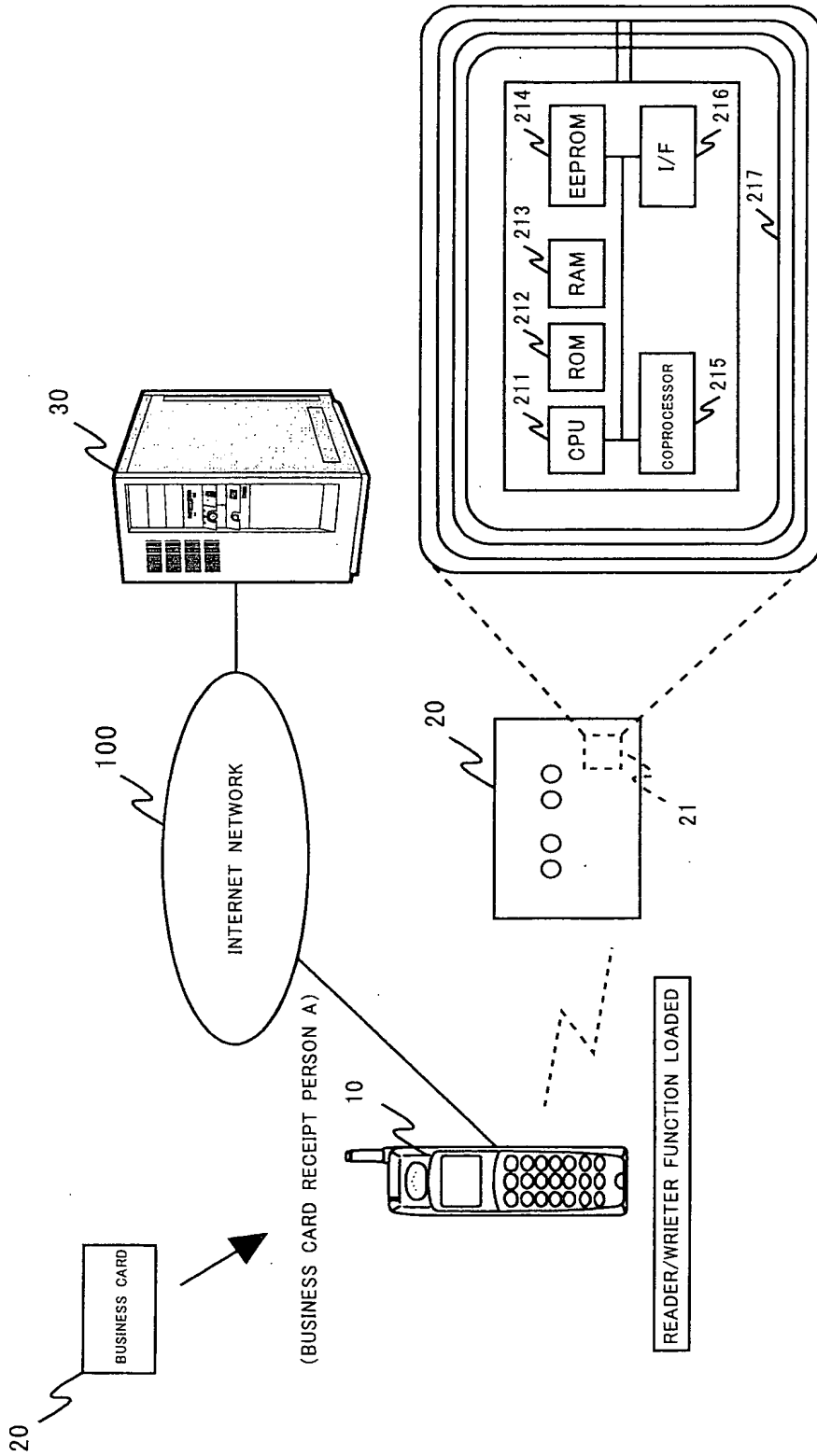


FIG.1



第2図

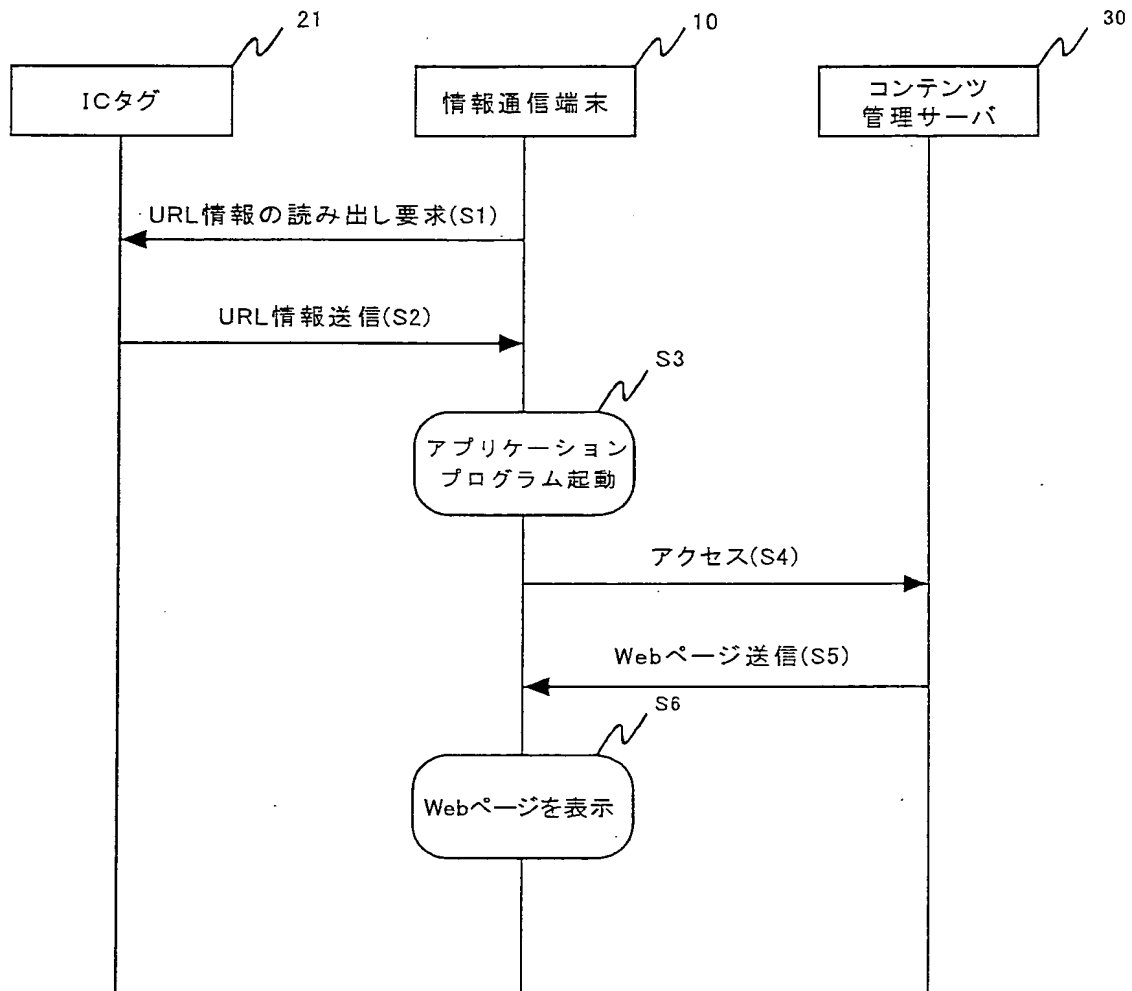
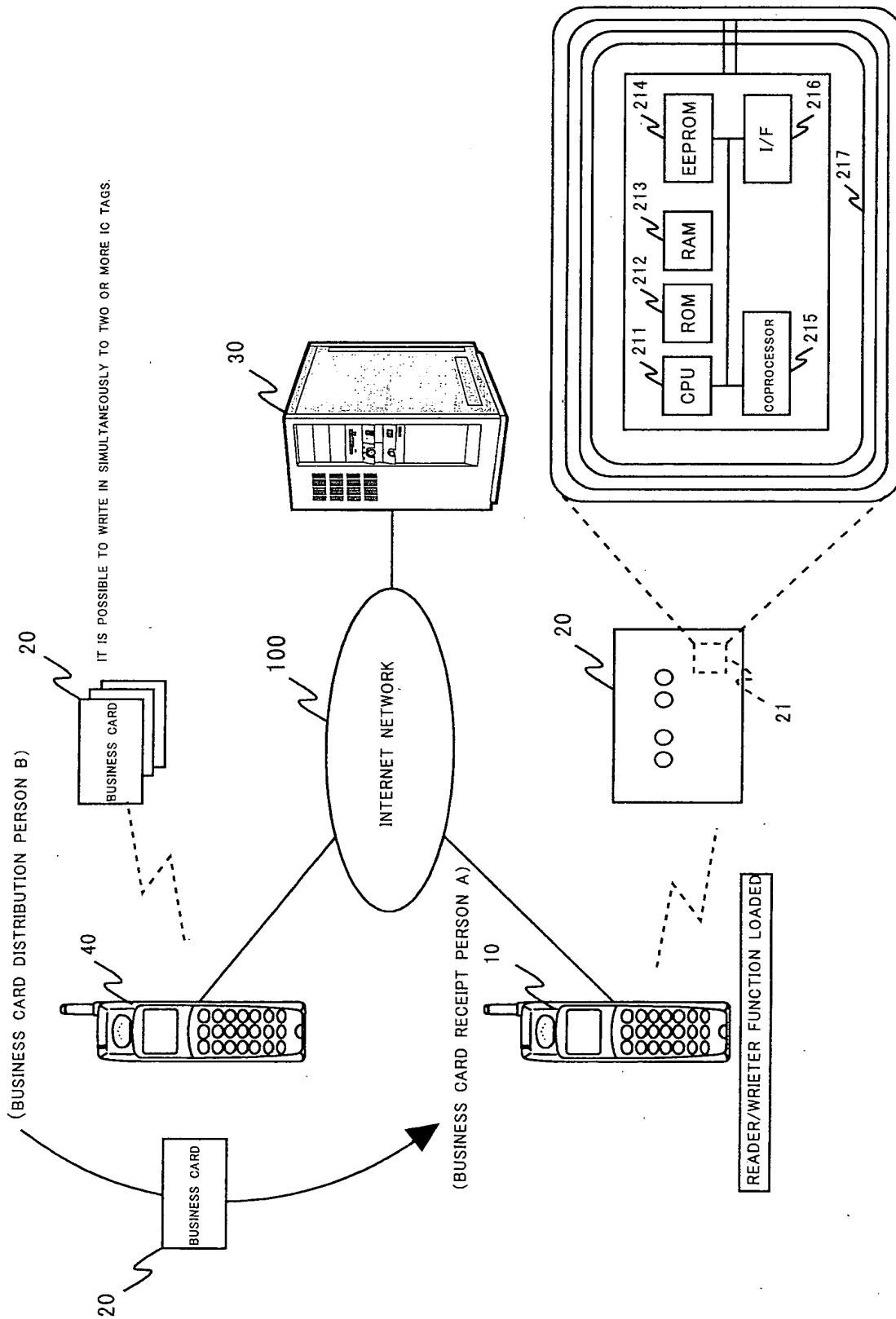


FIG. 3



第4図

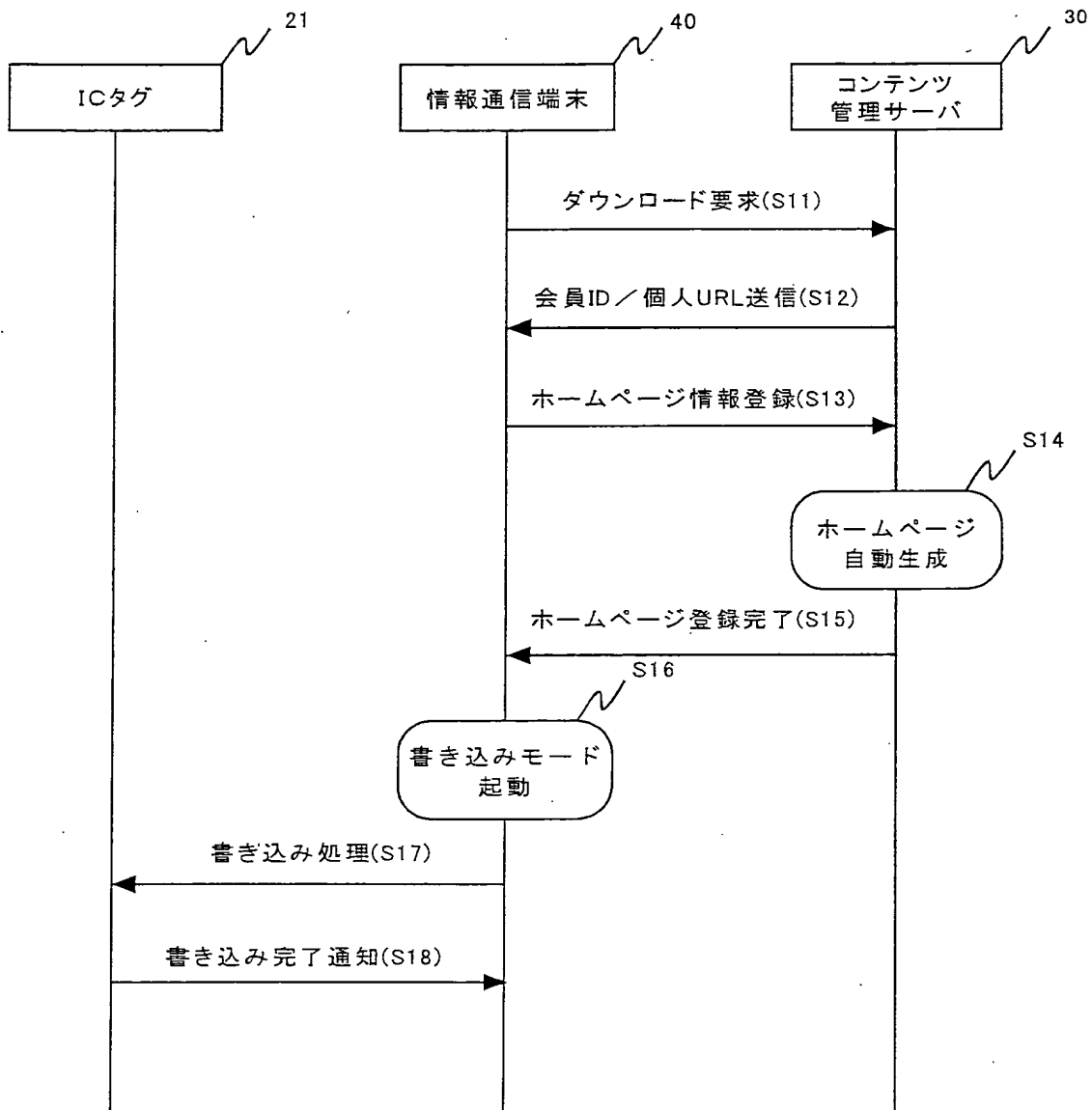


FIG. 5

5/18

PRIVATE PAGE	BUSINESS PAGE
<div>Text page</div> <div> <input type="checkbox"/> Name <input type="checkbox"/> Kana <input type="checkbox"/> Sexuality <input type="checkbox"/> Date of Birth <input type="checkbox"/> Zip Code <input type="checkbox"/> Mourning information <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> Mobile mail address <input type="checkbox"/> Telephone number <input type="checkbox"/> Facsimile number <input type="checkbox"/> Mobile phone number <input type="checkbox"/> PC mail address <input type="checkbox"/> Blood type <input type="checkbox"/> Constellation <input type="checkbox"/> Family information <input type="checkbox"/> Boyfriend or Girlfriend <input type="checkbox"/> Favorite point of other sex <input type="checkbox"/> Sales point <input type="checkbox"/> Hobby <input type="checkbox"/> Name of school, grade, club <input type="checkbox"/> Favorite food <input type="checkbox"/> Unfavorite food <input type="checkbox"/> Things you need </div> <div> <input checked="" type="checkbox"/> Recent impressive music or book <input checked="" type="checkbox"/> Recent trouble <input checked="" type="checkbox"/> Memory <input checked="" type="checkbox"/> My secret 1 <input checked="" type="checkbox"/> My secret 2 <input checked="" type="checkbox"/> My secret 3 </div> <div>Bulletin board page</div> <div> <input checked="" type="checkbox"/> Latest events </div> <div>Picture page</div> <div> <input checked="" type="checkbox"/> My picture 1 <input checked="" type="checkbox"/> My picture 2 <input checked="" type="checkbox"/> My picture 3 <input checked="" type="checkbox"/> My picture 4 <input checked="" type="checkbox"/> My picture 5 </div> <div>Voice Page</div> <div> <input checked="" type="checkbox"/> Greetings </div>	<div>Text page</div> <div> <input type="checkbox"/> Company name <input type="checkbox"/> Kana <input type="checkbox"/> Position <input type="checkbox"/> Title <input type="checkbox"/> Name <input type="checkbox"/> Kana <input type="checkbox"/> Zip code <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> Telephone number <input type="checkbox"/> Facsimile number <input type="checkbox"/> Mobile phone number <input type="checkbox"/> Mobile mail address <input type="checkbox"/> Map <input type="checkbox"/> PC mail address <input type="checkbox"/> Summary of business <input type="checkbox"/> Business in charge <input type="checkbox"/> Introduction of personal history <input type="checkbox"/> Appeal point </div> <div> <input type="checkbox"/> Bulletin board page <input checked="" type="checkbox"/> Latest news </div> <div>Picture page</div> <div> <input checked="" type="checkbox"/> My picture <input checked="" type="checkbox"/> Company appearance picture <input checked="" type="checkbox"/> Business result's picture 1 <input checked="" type="checkbox"/> Business result's picture 2 <input checked="" type="checkbox"/> Business result's picture 3 </div> <div>Voice Page</div> <div> <input checked="" type="checkbox"/> Greetings </div>

BLANK SQUARE "□" SHOWN ABOVE IS ESSENTIAL INPUT TERM.

BLACK SQUARE "■" SHOWN ABOVE IS ARBITRARY INPUT TERM.

FIG. 6

INFORMATION INPUT PAGE

● NAME

● ADDRESS

● TELEPHONE NO.

REGISTRATION

FIG. 7

CHANGE PARTS

- ☒ TOP PAGE
- ☐ PICTURE
- ☐ BACKGROUND
- ☐ TITLE
- ☐ MESSAGE
- ☐
- ☐

FIG. 8

8/18

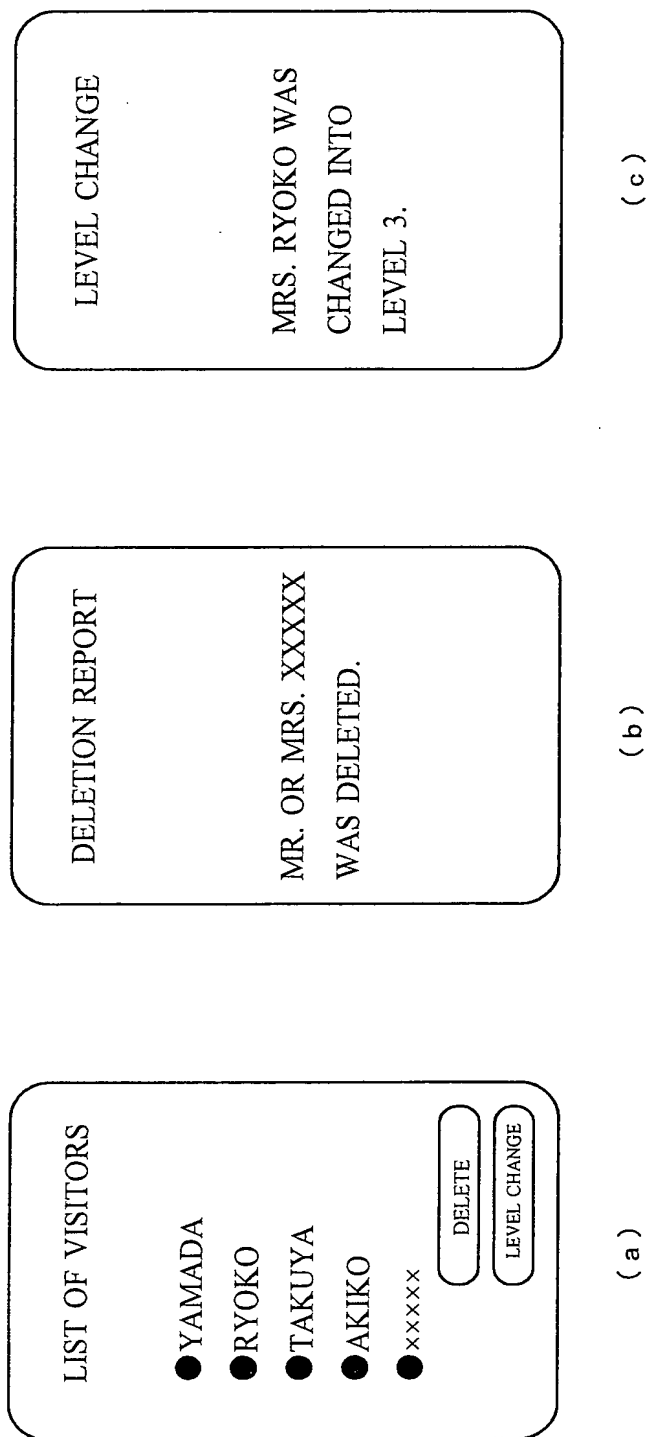
PRIVATE PAGE	BUSINESS PAGE
<div>Text page</div> <div> <input type="checkbox"/> Name <input type="checkbox"/> Kana <input type="checkbox"/> Sexuality <input type="checkbox"/> Date of Birth <input type="radio"/> Zip Code <input type="checkbox"/> Mourning information <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> Mobile mail address <input type="checkbox"/> Telephone number <input type="checkbox"/> Facsimile number <input type="checkbox"/> Mobile phone number <input type="checkbox"/> OPC mail address <input type="checkbox"/> Blood type <input type="checkbox"/> Constellation <input type="checkbox"/> Family information <input type="checkbox"/> Boyfriend or Girlfriend <input type="checkbox"/> Favorite point of other sex <input type="checkbox"/> Sales point <input type="checkbox"/> Hobby <input type="checkbox"/> Name of school, grade, club <input type="checkbox"/> Favorite food <input type="checkbox"/> Unfavorite food <input type="checkbox"/> Things you need </div> <div> <input type="checkbox"/> Recent impressive music or book <input type="radio"/> Recent trouble <input type="checkbox"/> Memory <input checked="" type="radio"/> My secret 1 <input checked="" type="radio"/> My secret 2 <input checked="" type="radio"/> My secret 3 <div>Bulletin board page</div> <input type="checkbox"/> Latest events <div>Picture page</div> <input type="radio"/> My picture 1 <input type="radio"/> My picture 2 <input type="radio"/> My picture 3 <input checked="" type="radio"/> My picture 4 <input checked="" type="radio"/> My picture 5 <div>Voice Page</div> <input checked="" type="checkbox"/> Greetings </div>	<div>Text page</div> <div> <input type="checkbox"/> Company name <input type="checkbox"/> Kana <input type="checkbox"/> Position <input type="checkbox"/> Title <input type="checkbox"/> Name <input type="checkbox"/> Kana <input type="checkbox"/> Zip code <input type="checkbox"/> Address 1 <input type="checkbox"/> Address 2 <input type="checkbox"/> Telephone number <input type="checkbox"/> Facsimile number <input type="checkbox"/> Mobile phone number <input type="checkbox"/> Mobile mail address <input type="checkbox"/> Map <input type="checkbox"/> PC mail address <input type="checkbox"/> Summary of business <input type="checkbox"/> Business in charge <input type="checkbox"/> Introduction of personal history <input type="checkbox"/> Appeal point </div> <div> <div>Bulletin board page</div> <input type="checkbox"/> Latest news <div>Picture page</div> <input type="checkbox"/> My picture <input type="checkbox"/> Company appearance picture <input type="checkbox"/> Business result's picture 1 <input type="checkbox"/> Business result's picture 2 <input type="checkbox"/> Business result's picture 3 <div>Voice Page</div> <input type="checkbox"/> Greetings </div>

☐ DISCLOSURE LEVEL 1 ☐ DISCLOSURE LEVEL 2 ☒ DISCLOSURE LEVEL 3

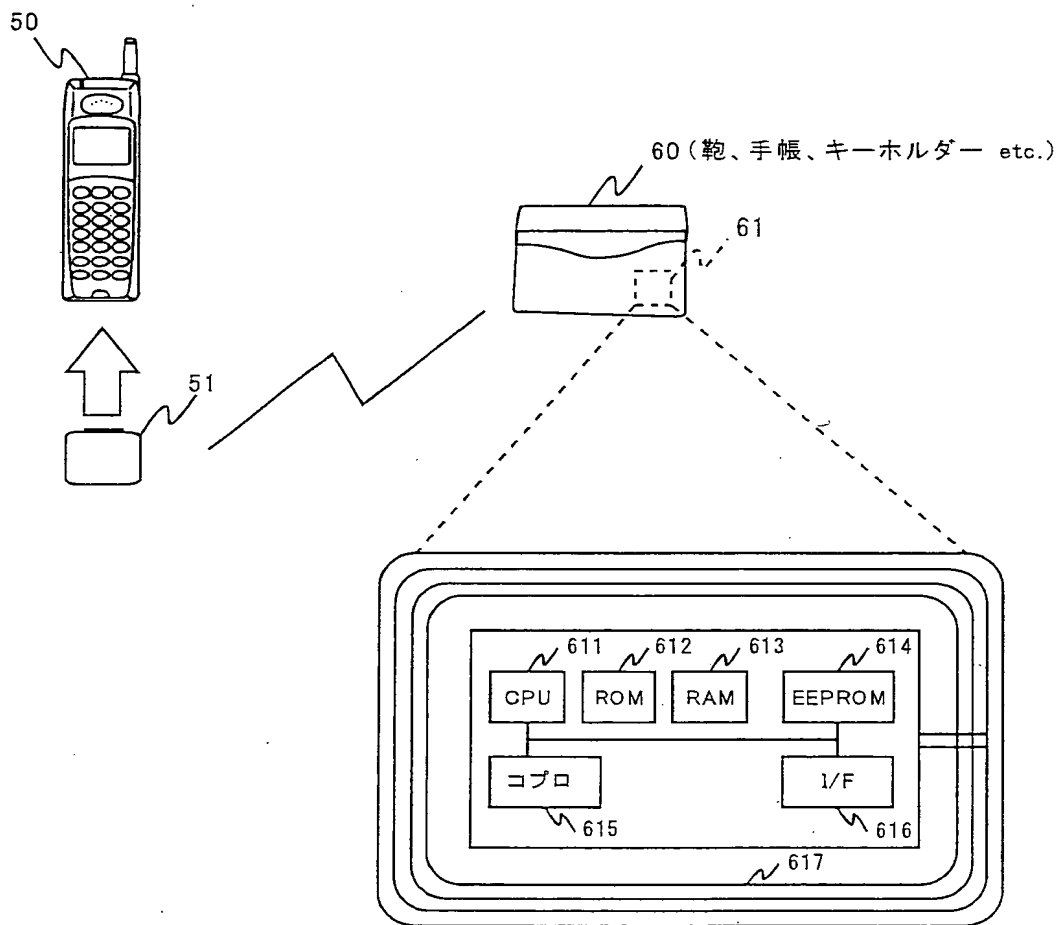
FIG. 9

9/18

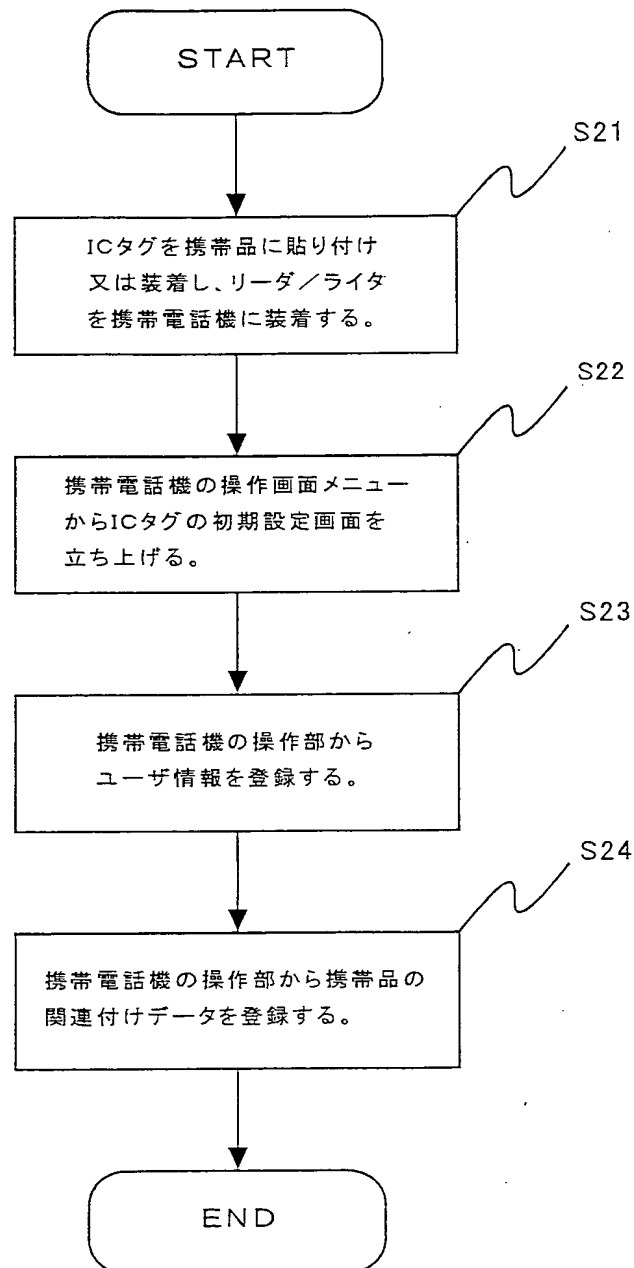
10/549973



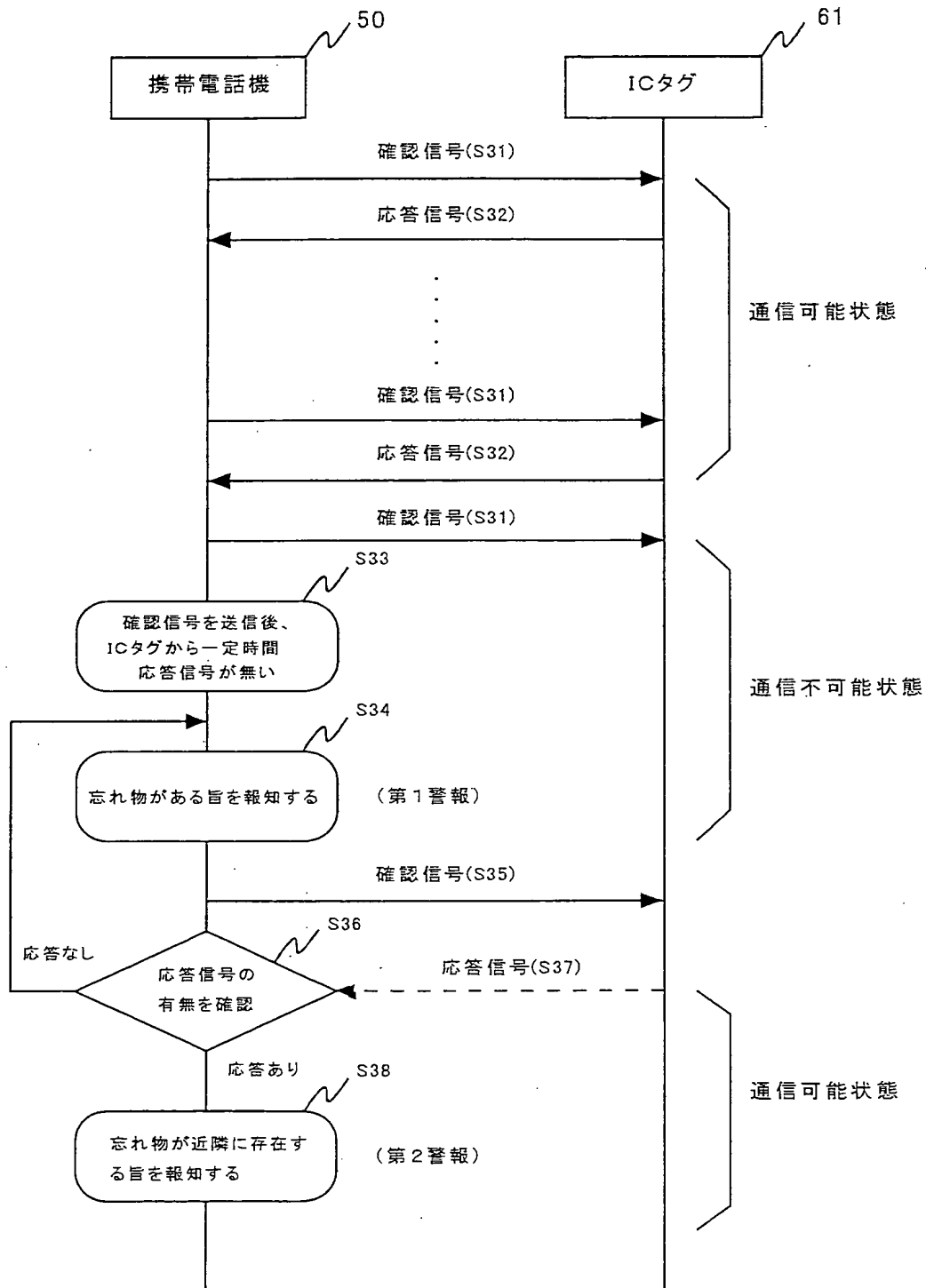
第10図



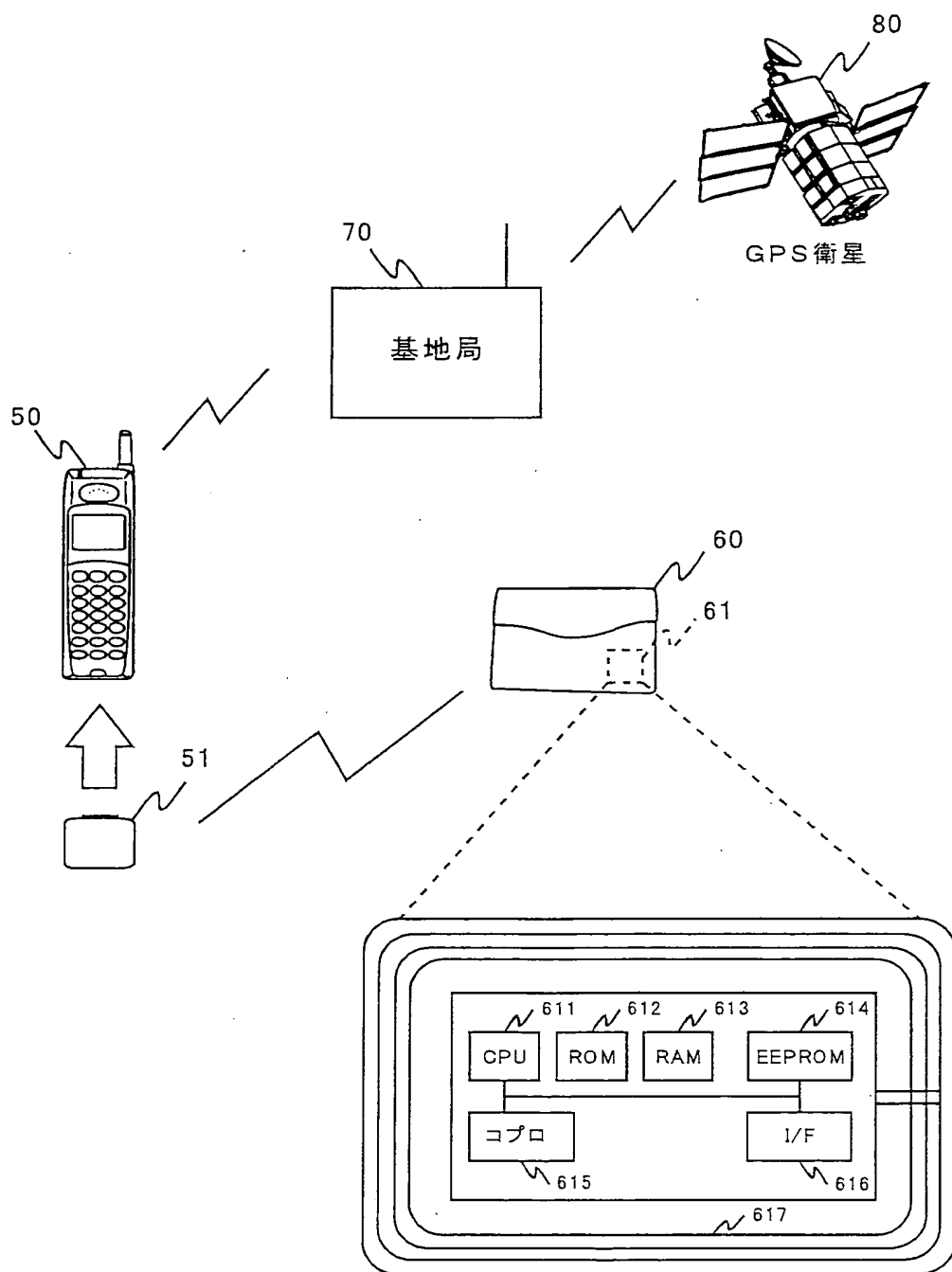
第11図



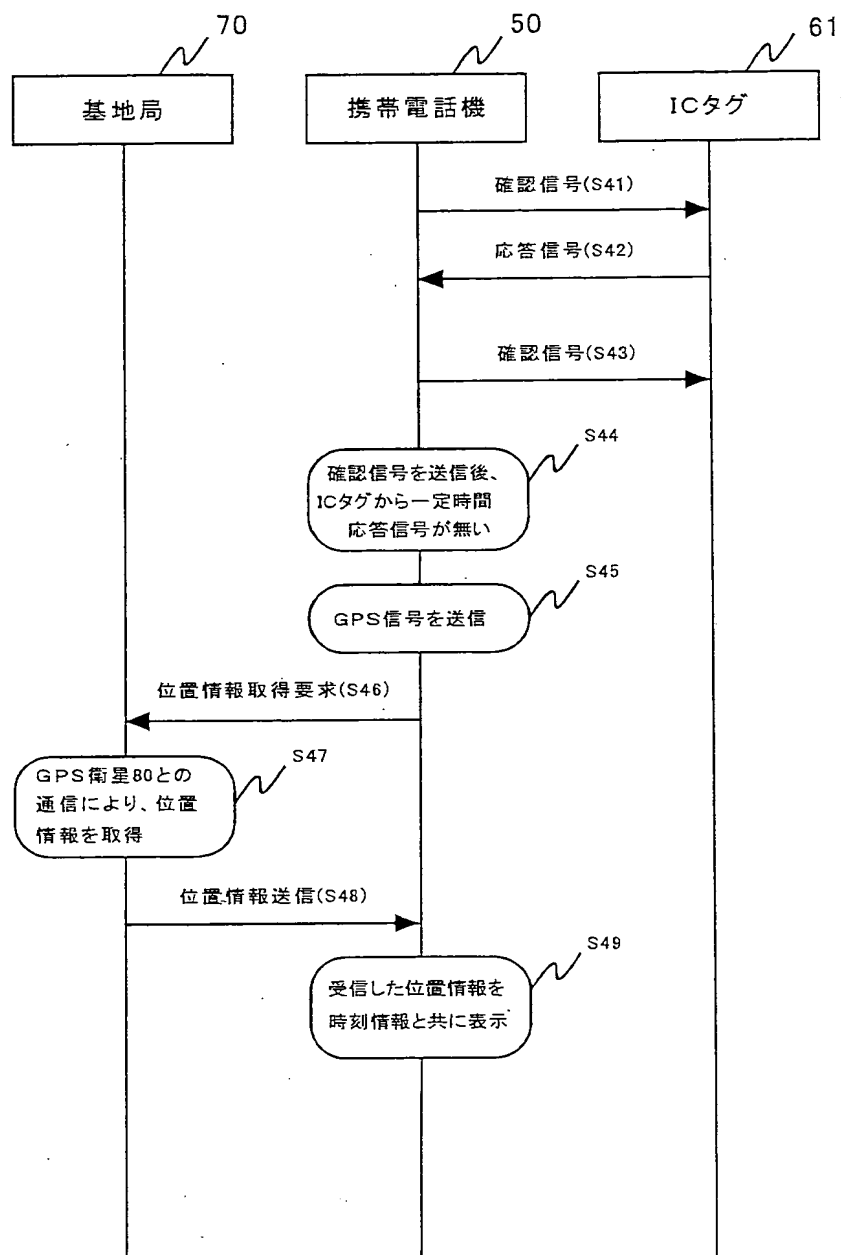
第12図



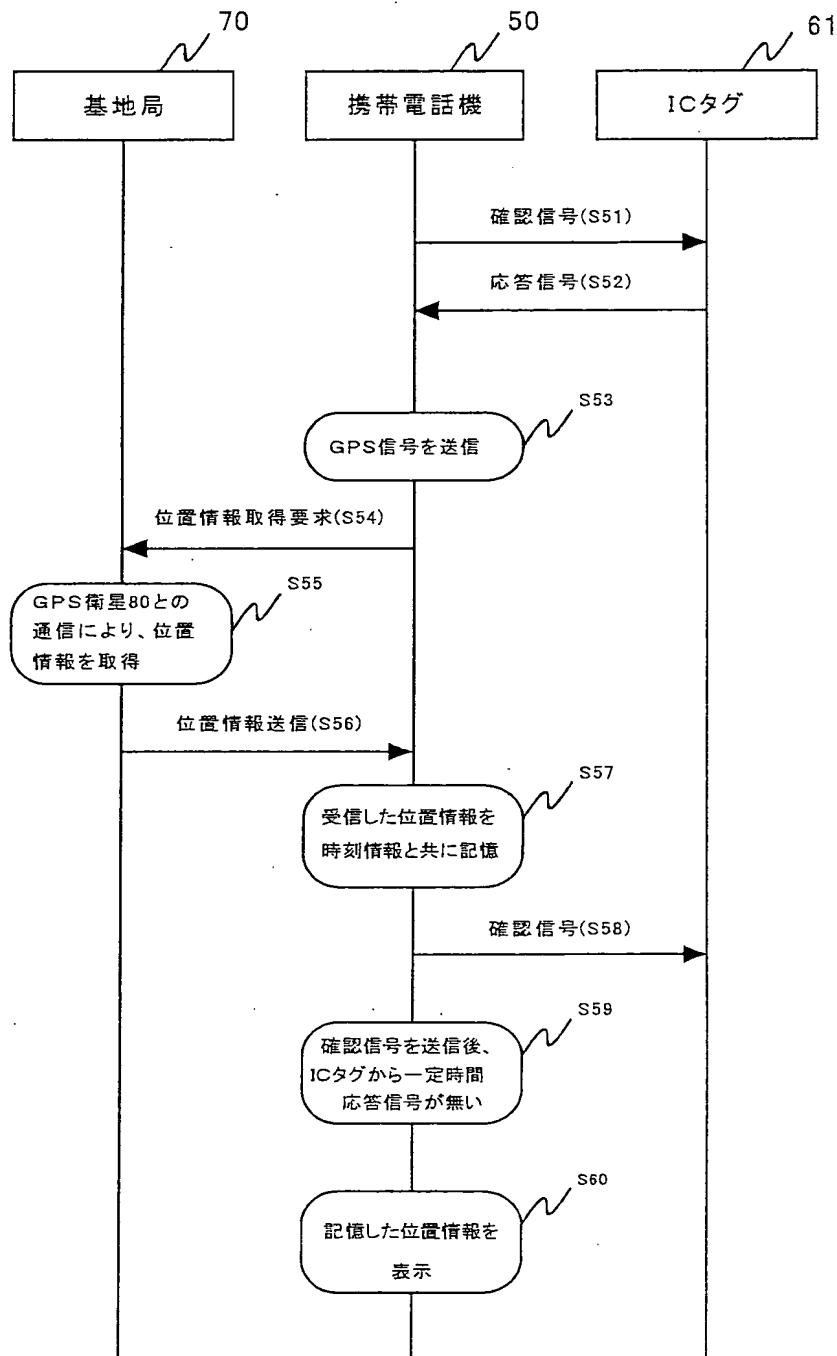
第13図



第14図



第15図



10/549973

16/18

FIG. 16

THING LEFT BEHIND INFORMATION

PERSONAL BELONGING (BAG) IS
LEFT BEHIND.

ADDRESS INFORMATION

TIME PM3:30

FIG. 17

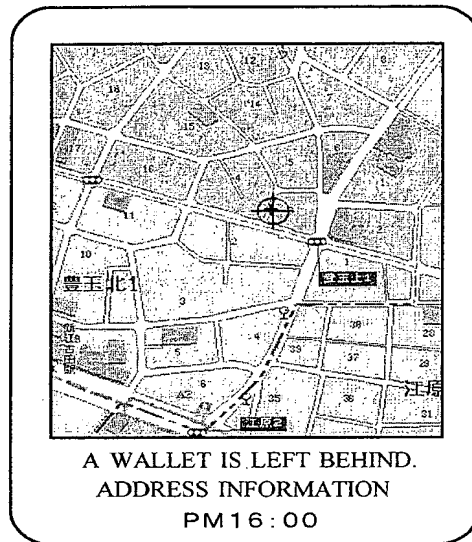
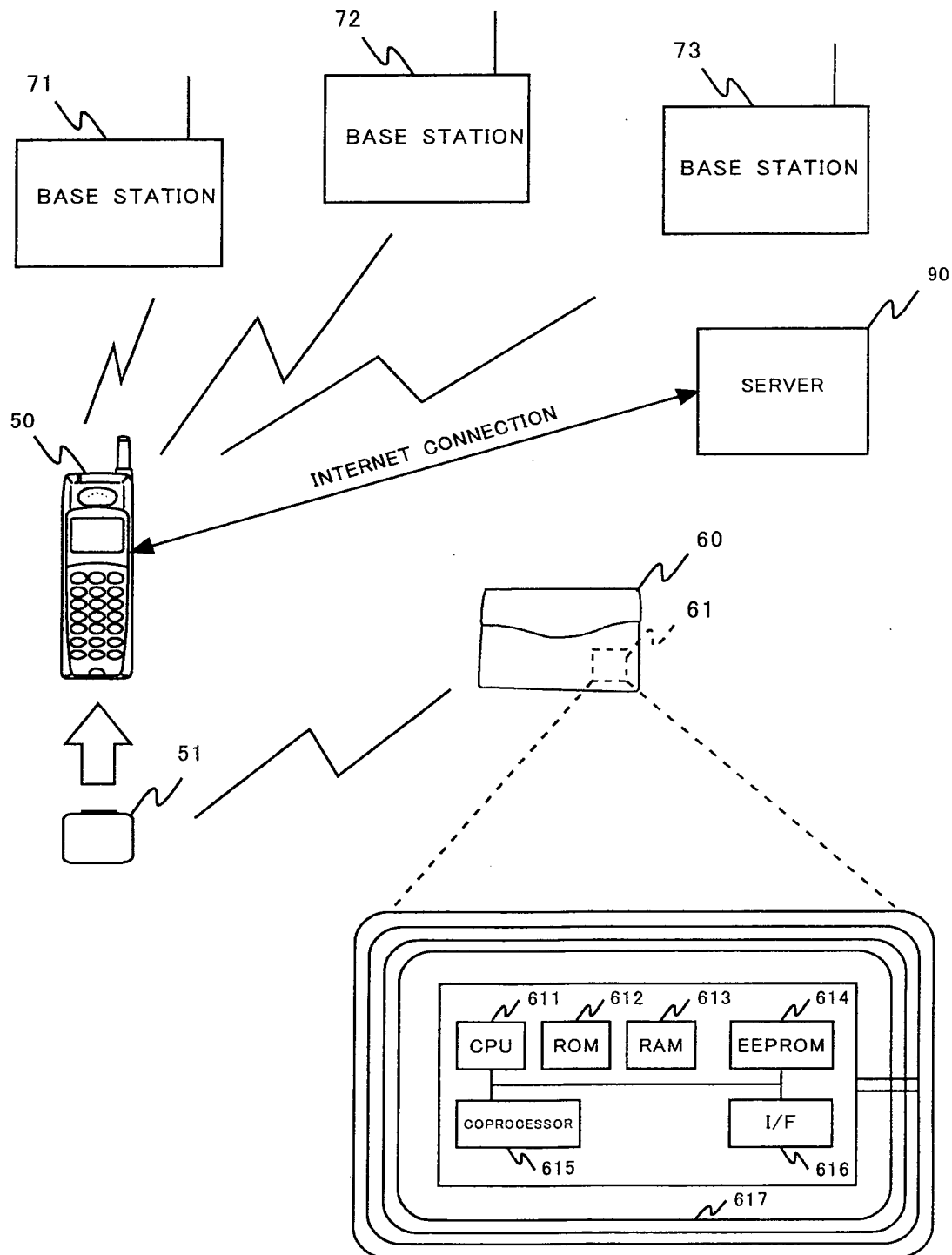


FIG. 18

18/18



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